



IFW 2185

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/039,596
		Filing Date	December 31, 2001
		First Named Inventor	Howard S. David
		Art Unit	2185
		Examiner Name	Li, Zhuo H.
Total Number of Pages in This Submission	20	Attorney Docket Number	42390P13873

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Check No. 3639; and Return receipt postcard</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph Lutz, Reg. No. 43,765 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 18, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Annie McNally		
Signature		Date	10/18/2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (d/c) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



EE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete If Known

Application Number	10/039,596
Filing Date	December 31, 2001
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Art Unit	2185
Attorney Docket No.	42390P13873

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

130.00

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	13	20*	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	4	5*	=	0	50.00	\$0.00
Multiple Dependent			=	0	200.00	\$0.00

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 790	2204 395	**Reissue independent claims over original patent
1205 300	2205 150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$) 0.00

*or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051 130	2051 65			Surcharge - late filing fee or oath	
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet.	
2053 130	2053 130			Non-English specification	
1251 120	2251 60			Extension for reply within first month	
1252 450	2252 225			Extension for reply within second month	
1253 1,020	2253 510			Extension for reply within third month	
1254 1,590	2254 795			Extension for reply within fourth month	
1255 2,160	2255 1,080			Extension for reply within fifth month	
1401 500	2401 250			Notice of Appeal	
1402 500	2402 250			Filing a brief in support of an appeal	
1403 1,000	2403 500			Request for oral hearing	
1451 1,510	2451 1,510			Petition to institute a public use proceeding	
1460 130	2460 130			Petitions to the Commissioner	
1807 50	1807 50			Processing fee under 37 CFR 1.17(q)	
1806 180	1806 180			Submission of Information Disclosure Stmt	
1809 790	1809 395			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 790	2810 395			For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)		Terminal disclaimer fee under 37 CFR 1.20(d)			
SUBTOTAL (2)				(\$) 130.00	

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Joseph Lutz	Registration No. (Attorney/Agent)	43,765	Telephone	(310) 207-3800
Signature				Date	10/18/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wef) 12/5/2004.
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